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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057117 (1)**

1. Corporation Name
60 INVESTMENTS, INC.

Principal Place of Business	Mailing Address
209 BALLYSHANNON MELBOURNE BEACH FL 32951	209 BALLYSHANNON MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/01/1994	

2. Principal Place of Business	2a. Mailing Address
21 215 Ballyshannon St.	26 215 Ballyshannon St
Suite, Apt. #, etc 22 C502	Suite, Apt. #, etc 27 C502
City & State 23 Melbourne Beach, FL	City & State 28 Melbourne Beach, FL
Zip / Country 24 32951 / 25 USA	Zip / Country 29 32951 / 30 USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. Does corporation have liability for intangible tax under § 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOSLEY, CURTIS R 1221 E. NEW HAVEN AVE. MELBOURNE FL 32901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	61 TITLE	[X] Change [ ] Addition
NAME	HESSEE, CLAUDE	62 NAME	HESSEE CLAUDE
STREET ADDRESS	209 BALLYSHANNON	63 STREET ADDRESS	215 BALLYSHANNON ST. C502
CITY ST ZIP	MELBOURNE BEACH FL 32951	64 CITY ST ZIP	MELBOURNE Bch, FL. 32951
TITLE		71 TITLE	D [ ] Change [ ] Addition
NAME		72 NAME	Hessee, Patricia A.
STREET ADDRESS		73 STREET ADDRESS	215 Ballyshannon Street C502
CITY ST ZIP		74 CITY ST ZIP	Melbourne Beach, FL. 32951
TITLE		81 TITLE	[ ] Change [ ] Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY ST ZIP		84 CITY ST ZIP	
TITLE		91 TITLE	[ ] Change [ ] Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY ST ZIP		94 CITY ST ZIP	
TITLE		101 TITLE	[ ] Change [ ] Addition
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY ST ZIP		104 CITY ST ZIP	
TITLE		111 TITLE	[ ] Change [ ] Addition
NAME		112 NAME	
STREET ADDRESS		113 STREET ADDRESS	
CITY ST ZIP		114 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 3-15-95 (407) 952-8372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number